

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

Quest
Diagnostics
800-877-7484



22222222 6256756 SPECIMEN ID NO. 800.877.7484
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

DEPT. OF
C/D COT
PO BOX 3247
LONG BEACH CA 90803
PH: 562-986-4200 FAX: --

B. MRO Name, Address, Phone and Fax No.

DR DAVE LEWIS NDA500020
FAX: 562-986-4201
P.O. BOX 3247
LONG BEACH CA 90803
PH: 562-986-4200 FAX: 562-986-4201

C. Donor SSN or Employee I.D. No.

D. Reason for Test:

☐ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post-Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify)

E. Drug Tests to be Performed:

☐ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)

() 20589N DDT ALC SCREEN BR/BR
() 7643N NIDA 5 DRUG PANEL

F. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor dates seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and delivered to the Delivery Service noted in accordance with applicable Federal requirements.

X

Signature of Collector

Time of Collection

(Print) Collector's Name (First, MI, Last)

SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier ☐ FedEx
☐ DHL / Airborne ☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes
☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PRIMARY LABORATORY

☐ NEGATIVE ☐ POSITIVE for: ☐ RIJUANABOLITE ☐ CODEINE ☐ AMPHETAMINE ☐ ADULTERATED
☐ DILUTE ☐ COCAINE METABOLITE ☐ MORPHINE ☐ METHAMPHETAMINE ☐ SUBSTITUTED
☐ REJECTED FOR TESTING ☐ PCP ☐ 6-ACETYLMORPHINE ☐ INVALID RESULT

REMARKS

TEST LAB (if different from above)

I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X

Signature of Certifying Scientist

(Print) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETED BY SECONDARY LABORATORY

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.

X

Signature of Certifying Scientist

(Print) Certifying Scientist's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Date (Mo. Day Yr.)

Donor's Initial's

CENTER OVER CAP

A



22222222 - 6256756
SPECIMEN ID NUMBER

CENTER OVER CAP

B



22222222 - 6256756
SPECIMEN ID NUMBER

TRACKING LABEL

22222222 - 6256756

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES